

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 97876
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 55981

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER COUNTRY HOMES, INC. ADDRESS AT WELL LOCATION 2825 HARVEY
 MAILING ADDRESS 4240 RENO HWY FALLON, NV 89406

2. LOCATION SE 1/4 SW 1/4 Sec 15 T 19 N R 28 E CHURCHILL County
 PERMIT NO. 008-081-04

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	1	1
BROWN SAND		1	15	14
BROWN CLAY		15	20	5
BROWN SAND		20	30	10
GRAY SANDS/CLAY		30	60	30
GRAY CLAY		60	67	7
GRAY SANDS		67	85	18
GRAY CLAY		85	88	3
BROWN SANDS/GRAVEL	X	88	99	11
Plugged By Well Log 124332				
RECEIVED 008-2-24033 STATE ENGINEERS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 99 Feet Depth Cased 99 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 50 Feet
6 Inches 50 Feet 99 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Pt. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	99

Perforations:
 Type perforation MACHINE SLIT
 Size perforation .080
 From 95 feet to 99 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started JULY 25, 20 2005
 Date completed JULY 25, 20 2005

9. WATER LEVEL
 Static water level 23'5" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNTESTED

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>25</u>			
Draw Down (Feet Below Static)			
<u>1 HR</u>			
Time (Hours)			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WELSCO CORP. (CONTRACTOR)
 Address P. O. BOX 888 (CONTRACTOR)
FALLON, NV 89406
 Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2199
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date AUGUST 24, 2005

UTM E 0342578
 N 4374171
 NA237
 from NOT
 RC 12-1-05